

ILLNESS INTRUSIVENESS RATINGS SCALE

The following items ask about how much your illness and/or its treatment interfere with different aspects of your life. PLEASE CIRCLE THE ONE NUMBER THAT BEST DESCRIBES YOUR CURRENT LIFE SITUATION. If an item is not applicable, please circle the number one (1) to indicate that this aspect of your life is not affected very much. Please do not leave any item unanswered. Thank you.

How much does your illness and/or its treatment interfere with your . . .

Not very much 1 2 3 4 5 6 7 Very much

1. Health
2. Diet (i.e., the things you eat and drink)
3. Work
4. Active recreation (e.g., sports)
5. Passive recreation (e.g., reading, listening to music)
6. Financial situation
7. Relationship with your spouse (girlfriend or boyfriend if not married)
8. Sex life
9. Family relations
10. Other social relations
11. Self-expression/self-improvement
12. Religious expression
13. Community and civic involvement

[Use the same response categories for each question.]

Scoring

The Illness Intrusiveness Scale has five subscales:

Physical Well-Being and Diet	Items 1 and 2
Work and Finances	Items 3 and 6
Marital, Sexual, and Family Relations	Items 7, 8, and 9
Recreation and Social Relations	Items 4, 5, and 10
Other Aspects of Life	Items 11, 12, and 13

Average the item scores within each subscale for subscale scores, then average the subscale scores to correct for differences in the numbers of items combined. You may also sum the individual items to generate a total Perceived Intrusiveness score.

AUTHORS' NOTE: *Illness Intrusiveness Ratings Scale*, by Gerald M. Devins, 1981. Copyright 1981 by Gerald M. Devins, Ph.D. Reprinted with permission.

Bibliography

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